

Applicant of: Michael R. Rosen et al.
Serial No.: 09/898,417
Filed: July 3, 2001

Amendment Transmittal Letter
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ Please charge Deposit Account No. _____
in the amount of \$ _____.

X A check in the amount of \$ 180.00 is enclosed.
(For an Information Disclosure Statement)

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

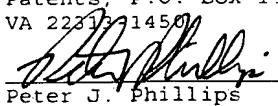
X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



John P. White
Registration No. 28,678
Peter J. Phillips
Registration No. 29,691
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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-1450

 6/4/04
Peter J. Phillips Date
Reg. No. 29,691



Docket No. 0575/65219-A/JPW/PJP/BJA

In application of: Michael R. Rosen et al.

Serial No.: 09/898,417

Examiner: B. Whiteman

Filed: July 3, 2001

Group Art Unit: 1635

For: A HIGH THROUGHPUT BIOLOGICAL HEART RATE THAT
IS MOLECULARLY DETERMINEDCOMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

June 4, 2004

S I R:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.☐ a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.☐ No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTI ENT.
Total Claims	19	-	* 31	-	*** 0	x	\$9.00	\$18.00	- 0	
Indepen- dent Claims	2	-	** 6	-	*** 0	x	\$ 43.00	\$86.00	- 0	
Multiple Dependent Claims(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							\$145.00	\$290.00	0	
For First Time:							TOTAL ADDITIONAL \$ FEE 0			

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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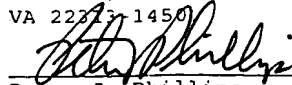
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